Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 29 July 2026**, Unipart House, Garsington Road, Cowley, Oxford

Present:

Name	Job Role
Ms Sarah Hordern	Acting Trust Chair
Prof Meghana Pandit	Chief Executive Officer
Mr Simon Crowther	Interim Chief Executive Officer
Dr Ben Attwood	Chief Digital and Information Officer
Prof Andrew Brent	Chief Medical Officer
Ms Yvonne Christley	Chief Nursing Officer
Mr Paul Dean	Non-Executive Director
Dr Claire Feehily	Non-Executive Director
Mrs Lynne Graham	Non-Executive Director
Ms Lisa Hofen	Chief Estates and Facilities Officer
Mr Kenny Kamal	Non-Executive Director
Mr Jay Mistry	Interim Chief Strategy Officer
Mr Terry Roberts	Chief People Officer
Prof Gavin Screaton	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Felicity Taylor-Drewe	Chief Operating Officer
Ms Clair Young	Director of Finance, [Deputising for Chief Finance Officer]

In Attendance:

Dr Neil Scotchmer	Head of Corporate Governance
Dr Laura Lauer	Deputy Head of Corporate Governance [Minutes]
Mr James Sheard	My Life My Choice [Minute TB26/07/06 only]
Ms Dawnie Wiltshire	My Life My Choice [Minute TB26/07/06 only]
Mr Kumudu Mperera	My Life My Choice [Minute TB26/07/06 only]
Ms Stephanie Ross	Lead Nurse for Learning Disabilities [Minute TB26/07/06 only]
Dr Ansaf Azhar	Director of Public Health and Communities, Oxfordshire County Council [Minute TB26/07/07 only]
Dr Ruth Houlden	Clinical Director for Maternity [Minutes TB26/07/08-TB26/07/10 only]

Dr Amit Gupta	Clinical Lead for Neonatal Care [Minutes TB26/07/08-TB26/07/10 only]

Apologies:

Mr Jason Dorsett	Chief Finance Officer
Ms Joy Warmington	Non-Executive Director

TB26/07/01 Welcome, Apologies and Declarations of Interest

1. Members of the Council of Governors, members of staff, and members of the public were welcomed as observers. The Acting Chair welcomed external presenters attending for the patient perspective, public health and perinatal items.
2. Apologies were noted as above and there were no declarations of interest.

TB26/07/02 Minutes of the Meeting Held on 27 May 2026 [TB2026.55]

3. The minutes were approved.

TB26/07/03 Action Log and Matters Arising [TB2026.56]

4. The following actions were closed:

Reference	Item	Reason for closure
TB25/11/06	Named Nursing Cover in Paediatrics	The Chief Nursing Officer confirmed that this was in place for designated paediatric wards.
TB26/01/07	Addition of Perinatal Assurance Group to committee structure	This was included in paper TB2026.59.
TB26/03/11	Financial Analysis of Quality Priorities	On agenda for August Finance Committee (no longer on Integrated Assurance Committee agenda due to committee recalibration
TB26/03/13	Medical Education Annual Report – inclusion of metrics	A new Medical Education and Resident Doctors Report would be presented to the proposed People Committee, with an annual report to the Board.
TB26/05/08	Collective Prioritisation Process	The collective prioritisation process discussed at the May meeting in public would form part of the strategy and would be covered as part of those discussions.

TB26/07/04 Chair's Business

5. The Acting Chair noted that this was her final meeting as Acting Trust Chair and reported that Sir Andrew Morris had been appointed as the new Trust Chair. She thanked the Council of Governors for progressing the appointment at pace and expressed appreciation to Executive and Non-Executive colleagues for their support during the interim period.
6. The Board noted that executive accountability for maternity and perinatal improvement had been formalised as a joint responsibility of the Chief Nursing Officer and Chief Medical Officer.
7. The Acting Chair also introduced the use of the Alert, Advise and Assure reporting model, noting that it had been developed with the incoming Chair and would be refined through a test-and-learn approach
8. The Trust Board noted the update.

TB26/07/05 Chief Executive's Report [TB2026.57]

9. The Interim Chief Executive Officer (CEO) presented the report.
10. He reiterated the Trust's apology to patients and families affected by the findings of the national maternity report, acknowledged the harm, distress and loss described, and confirmed the Trust's commitment to listening, improvement and continued accountability.
11. The Board noted the recent CQC outcome for maternity services at the John Radcliffe Hospital and Horton General Hospital, both of which had been rated Good, whilst recognising that further improvement work remained necessary.
12. The Board also noted progress with the Surgical Elective Centre, which would open in the autumn and ultimately provide twelve additional theatres. Members noted that the benefits would depend on service transformation as well as additional physical capacity.
13. The Trust Board noted the report.

TB26/07/06 Patient Perspective – We Can't Wait Campaign

14. Members from the My Life My Choice charity provided an overview of the We Can't Wait campaign and four-stage plan, which had been developed and led by people with learning disabilities to improve support for people with learning disabilities on waiting lists and to reduce inequalities in outcomes.
15. The presenters highlighted the life expectancy gap experienced by people with learning disabilities and described the impact of prolonged waits for care and support.
16. It was noted that initial work had focused on identifying adults with learning disabilities within waiting list data, improving understanding of their needs and supporting more

personalised care and appointment management, with further work required to extend this across age groups and pathways.

17. Members noted that improved data systems, monitoring and patient identification would support future phases of the work.

18. Members recognised that the Trust could make a meaningful contribution to reducing health inequalities for this group, while wider determinants would require partnership working across the health and care system.

19. The Trust Board noted the presentation and expressed support for the objectives of the We Can't Wait campaign.

TB26/07/07 Director of Public Health's Annual Report 2025/26

20. The Director of Public Health and Communities for Oxfordshire presented his annual report which revisited the theme of health inequalities five years on. The report highlighted the contrast between Oxfordshire's generally favourable population health indicators and the poorer outcomes experienced in the county's most deprived communities.

21. The Board heard that community insight profiles had been developed for priority communities, combining local data, community feedback and mapping of community assets. This approach had supported targeted interventions, helped create community energy and strengthened partnership commitment between statutory organisations, local communities and voluntary sector partners.

22. The Director of Public Health reported that updated data suggested improvement in a number of the priority areas. The Board noted that this progress could not be attributed to any single intervention, but reflected the cumulative impact of prevention activity, community-led approaches and sustained partnership working.

23. The Director of Public Health emphasised the need to maintain commitment to prevention, community relationships and targeted work during a period of public sector reconfiguration. Members recognised the risk that NHS reform, local government reorganisation and wider financial pressures could disrupt successful partnerships or reduce investment in prevention.

24. The Board discussed the relevance of the report to the Trust strategy, including neighbourhood health, demand management, prevention, health inequalities and the Trust's role as a major anchor institution. Members noted opportunities for the Trust to contribute through employment, recruitment, workforce development, local partnerships and work with communities across the wider population served by the Trust.

25. The Trust Board noted the report and agreed that its findings should inform continuing strategic work on population health, prevention, health inequalities, neighbourhood health and anchor institution responsibilities.

TB26/07/08 National Maternity and Neonatal Investigation and CQC Maternity Assessments 2025 (TB2026.58]

26. The Chief Nursing Officer (CNO) introduced the Trust's response to the National Maternity and Neonatal Investigation and the CQC Maternity Assessments 2025. The Board noted that the Trust had established a single Perinatal Improvement Programme to coordinate all national, local and regulatory actions through defined governance arrangements.

27. The Board noted that work had commenced against all ten national actions and the key local themes, including staffing, triage, bereavement services, engagement with women and families, culture and leadership, and inequalities in care.

28. Some of the more complex improvement work, particularly culture, leadership, and staff voice, was at an early stage. The CNO assured Board members that solutions were being co-created with staff, with triage improvements as an example.

29. The Chief Medical Officer (CMO) reported that the Trust was rapidly implementing changes to comply with the national scanning pathway.

30. The CNO had undertaken a comprehensive review of maternity staffing and reported that a consultation would soon conclude on the approach to on-call midwives. The Trust would use Birthrate Plus data to inform its approach to allocation.

31. It was noted that the Trust was transitioning from nursing to midwifery care on postnatal wards.

32. The CMO updated the Board on medical staffing within maternity services. Feedback received had indicated challenges, including gaps in middle-grade resident doctor cover. Steps had been taken to address establishment gaps and strengthen resilience, including recruitment to posts and expansion of the establishment.

33. The CMO reported that there had recently been no requirement for consultants to act down, which was regarded as a positive indicator.

34. The Board was informed that there was currently no national tool or benchmark for medical staffing in maternity services, but that any future tool developed by the Royal College of Obstetricians and Gynaecologists would be used by the Trust.

35. The Board discussed how potential service fragility could be identified earlier across the Trust. Members noted the importance of triangulating patient feedback, staff experience, quality metrics, workforce indicators and operational data, and the opportunity for the proposed Quality and Performance Committee to provide more systematic oversight.

    ACTION: Chief Officers to consider how learning from the maternity investigation would to be used to inform wider organisational consideration of service fragility, staff voice, patient experience and early escalation indicators.

36. The Trust Board:

- Approved the Trust response to the Investigation as a single programme, delivered through the Perinatal Improvement Programme, and the governance and reporting route set out in section 5 of the paper;
- Noted progress against the National Ten-Point Plan in section 3 and the six local report themes in section 4 of the paper;
- Received the CQC maternity assessment reports for the John Radcliffe Hospital and the Horton General Hospital;
- Noted the action plan submitted to the CQC in section 5 of the paper, and its delivery through the Perinatal Improvement Programme; and
- Noted the governance and reporting route in section 6, including the quarterly update report to the Trust Board.

TB26/07/09 Perinatal Quality Oversight Report [TB2026.59]

37. The Board received the Perinatal Quality Oversight Report and an update from the Perinatal Assurance Group. The Board noted the Group's focus on venous thromboembolism (VTE) risk assessment, neonatal feedback data, and the integration of maternity and neonatal governance and management arrangements.

38. VTE risk assessment remained below the required level, although there had been some improvement and no harm had been identified to date. Further work was underway to embed checks within safety huddles and board rounds.

39. Friends and Family Test data from the neonatal service did not yet provide sufficient clarity on service quality with feedback arrangements to be strengthened.

40. Members discussed the complexity of maternity and neonatal governance and the distinction between management action and governance oversight. The Board recognised that future arrangements would need to simplify governance where possible while preserving appropriate scrutiny and would need to align with support functions including estates and digital.

41. The Board considered estates and medical gas risks in this context and noted that Trust-wide task and finish work was underway.

ACTION: As part of the Board Committee review, Chief Nursing Officer and Chief Medical Officer to bring back proposals for future maternity and neonatal management and governance arrangements, including alignment with wider committee structures and links with estates and digital risks.

42. The Trust Board:

- Considered the stability of key perinatal metrics and continued compliance with the revised perinatal surveillance model.
- Reviewed and endorsed the improvement actions in place for the areas of focus.

TB26/07/10 Perinatal Integrated Workforce Report Quarters 3 and 4 [TB2026.60]

43. The Board received the Perinatal Integrated Workforce Report for Quarters 3 and 4. The Chief Nursing Officer reported that workforce risks were being identified, monitored and escalated through established governance routes. Birthrate Plus work and real-time acuity monitoring were supporting clearer operational oversight and deployment of staff to areas of greatest need.

44. The Board noted improved substantive staffing during the reporting period and continued focus on community midwifery resilience. The Chief Medical Officer reported that neonatal medical staffing establishments were compliant, with plans to convert locum consultant posts to substantive appointments and further work to address resident doctor gaps.

45. The Trust Board noted the staffing position across perinatal services, the areas of continued focus and the actions in place to address them.

TB26/07/11 Board Assurance Statement: Nottingham Maternity Review Findings on Post-Death Care and Fuller Inquiry [TB2026.61]

46. The CMO presented the Board Assurance Statement requested by NHS England following the Nottingham Maternity Review and provided an update on actions arising from the Fuller Inquiry. The Board was advised that assurance could be provided against four of the five post-death care domains, with one domain subject to completion of updated safeguarding policies and procedures aligned to revised national guidance issued in March 2026.

47. The Board noted that review of the 29 Fuller Inquiry actions had been completed; three actions were not applicable to the Trust and three required further assurance. A detailed action plan would be brought to the Quality and Performance Committee.

48. The Trust Board approved the Board Assurance Statement, noting the outstanding policy update and further assurance work required.

TB26/07/12 Learning from Deaths Report Q4 [TB2026.62]

49. The CMO presented the Quarter 4 Learning from Deaths Report. The Board noted that the report provided assurance on the Trust’s mortality review framework and that no avoidable deaths had been identified during the reporting period.

50. The Board noted that the Trust continued to compare favourably against national mortality benchmarks, including SHMI and HSMR, and that established mortality review, learning and governance arrangements would continue.

51. The Trust Board noted the report.

TB26/07/13 People Plan Update [TB2026.63]

52. The Chief People Officer (CPO) presented the Year 2 People Plan update, summarising progress during Year 1 and priorities for Year 2. The Board noted the continued emphasis on a healthy, fair and compassionate workplace, improved onboarding, culture, learning and development, and recruitment processes.

53. Members discussed how the Trust-wide Plan would be delivered at team and divisional level. It was noted that some actions, such as active bystander training, required corporate coordination while delivery and impact would need to be owned locally.

54. The NHS National Oversight Framework now included People metrics. The CPO emphasised that advocacy scores needed to be treated with caution; measuring the numbers not reporting concerns could have the unintended consequence of discouraging reporting. The Trust's position was to encourage reporting using WorkInConfidence and Freedom to Speak Up.

55. The CPO highlighted active bystander training, noting that the Trust Management Executive would review "hotspot" areas. Including recognition of successful examples of active bystanding as part of staff awards was under consideration.

56. The Board discussed the root causes of staff wellbeing and burnout concerns, including workload, breaks, rostering, personal development time, digital systems and inefficient processes. Members recognised that addressing wellbeing would require wider organisational transformation, not only workforce interventions.

    ACTION: Chief People Officer to bring back proposals developed by Executive Directors for identifying and addressing the root causes of staff burnout and wellbeing concerns, drawing together workforce, digital, operational, productivity and transformation considerations.

57. The Plan included a number of digital enablers which would be further discussed at the Digital Oversight Committee. The Acting Chair emphasised that a strategic conversation, supported by a workplan, was necessary to support prioritisation.

58. The Trust Board noted the update.

TB26/07/14 New Committee Structure Proposals [TB2026.64]

59. The Interim CEO proposals for a revised Board committee structure. He explained that the proposals were intended to strengthen assurance by replacing the broad Integrated Assurance Committee model with more clearly defined committees, allowing deeper scrutiny by committees and more strategic triangulation by the Board.

60. The Head of Corporate Governance advised that the proposals reflected the direction previously discussed at Board seminars. The Board was asked to endorse the direction of travel, agree a phased implementation approach and allow the draft Terms of Reference for the Finance Committee and Quality and Performance Committee to be used for initial meetings from August 2026.

61. Members supported the direction of travel but sought clarity on the allocation of responsibilities for financial policies, internal controls and risk. It was agreed that the Audit Committee's responsibilities should be described clearly as oversight of the risk management architecture, systems, processes and Board Assurance Framework, rather than ownership of individual risks. Individual risks would be scrutinised by the committees with relevant subject matter expertise.

62. The Trust Board endorsed the direction of travel, the phased implementation approach and the use of the draft Terms of Reference for initial meetings, subject to further review and refinement.

TB26/07/15 Integrated Performance Report Month 3 [TB2026.65]

63. The Board received the Integrated Performance Report for Month 3. The Chief Operating Officer (COO) noted that the segmentation dashboard would evolve in line with the new NHS Oversight Framework.

64. Urgent and emergency care performance was below the Trust's ambitious but credible trajectory, with June performance (77.9% against plan of 83.8%) affected by increased attendances, heatwave conditions and medical workforce pressures. The Trust remained one of the strongest performers in the South East and had a recovery plan in place with system partners.

65. Cancer performance showed improvement. The Faster Diagnosis Standard remained compliant and secure, and the 62-day trajectory had been achieved for May and June, though sustainable recovery had not yet been demonstrated across all tumour sites. The Board noted that NHS England had supported the Trust's case to commissioners for additional radiotherapy support.

66. The CMO updated on actions following Never Events, including compliance with positive patient identification and WHO checklist processes. June data showed improvement, with targeted actions continuing in areas below 100% compliance. A detailed report would be presented to the Quality and Performance Committee.

    ACTION: Chief Medical Officer to provide a detailed report on positive patient identification and WHO checklist compliance to be presented to the Quality and Performance Committee.

67. The Trust did not yet meet the national RTT target of 18 weeks. The COO briefed the Board on two actions to improve performance. The first was increased focus on the first outpatient appointment; the Trust had met its target in this area. The second was to address longest-waiting patients, supported by a clinical validation exercise and a focus on improving patient communications.

68. The Modern Service Framework for Sepsis had recently been published and the Trust was reviewing its guidance and processes against it. The CMO assured the Board that any harm associated with delays in the administration of antibiotics would be reported to the Board. Two key reasons for delay were: the technical challenge of administering

IV antibiotics to some patients and a possible discrepancy between the time the antibiotics were administered, and the time administration was documented.

69. The CNO noted that the prescription/administration process was being addressed using local knowledge and was an important operational priority.

70. The CEO referenced the Trust's clear commitment to ending corridor care. The COO explained that breaches were reported in the Integrated Performance Report and there had been only one breach in relation to a ward. Corridor care in the emergency departments occurred at times of extreme pressure (such as the recent heatwave) and to enable the release of ambulance crews.

71. The COO reported that the Trust reviewed itself against GIRFT corridor care standards and expanding its seasonal planning to model demand outside of winter. She was leading system-level work in this area.

72. The use of AI or other modelling tools to forecast demand and operational pressures was discussed. It was suggested that this would be a fertile area for research and development.

ACTION: Chief Operating Officer / Chief Digital and Information Officer to explore predictive modelling and demand forecasting with system and research partners and bring the results to Quality and Performance Committee.

73. The Trust Board noted the report.

TB26/07/16 Finance Report Month 3 [TB2026.66]

74. Mr Dean, Audit Committee Chair, presented the Month 3 Finance Report and feedback from the Non-Executive Finance Briefing. The Board noted that the Trust remained broadly on plan at the end of Q1, but that this headline position masked an adverse trend.

Alert

75. Non-pay expenditure was highlighted as the principal area of concern. The reported overspend of approximately £3m was offset by one-off income and phasing of reserves. A non-pay plan had been reviewed, but concerns remained about grip and control outside individual projects.

76. The Director of Finance reported that a review the NHS Grip and Control Checklist would be presented to the August meeting of the Finance Committee. It was anticipated that the checklist would clarify the in-year and multi-year position.

77. An £8m shortfall on CIP delivery in Q1 was reported, with central projects a particular area of concern. The Interim CEO reported that this was a key focus for Executive Directors. Delivery of Year 1 CIPs was being reviewed and identifying Year 2 CIPs that could be brought forward was a priority.

78. Among the Divisions, SuWOn was challenged by CIP delivery and oncology drugs costs.

79. A shortfall of £5m on clinical supplies had been identified, but some of these costs would be offset against income from increased activity.

Advise

80. While currently on plan, the Board was advised that this position was not sustainable without one-off adjustments.

81. The capital programme was off plan, but this was not an unusual profile for Q1. Capital prioritisation would be reviewed to ensure the plan would be delivered.

Assure

82. The Trust's cash position was secure, with no immediate requirement for central support.

83. The Trust Board noted the report.

B26/07/17 Research and Development Governance and Performance Report 2025/26 [TB2026.67]

84. The Chief Medical Officer presented the annual Research and Development Governance and Performance Report.

85. The Trust remained one of the most research-active NHS trusts, with research delivering benefits for patients and supporting the Trust's academic partnerships.

86. National attention had increased on the efficiency of research set-up and study delivery, and the Trust was not yet performing at the level required against all national key performance indicators. An improvement programme was in place, including adoption of nationally agreed arrangements for research approvals, contracts and costings, with oversight from the Chief Executive Officer.

87. The strategic importance of meeting trial metrics was emphasised. These metrics would be one criterion by which the application of the Trust and University of Oxford for renewal of the Biomedical Research Centre would be assessed.

88. Discussion focused on offering all patients access to appropriate trials, whether those trials were based at the Trust or elsewhere. The CMO supported the aspiration and pointed to two digital enablers which would assist: improving research capacity and identifying eligible patients earlier.

89. The Trust was developing a research strategy to support the Trust's wider strategic objectives and would be linked to the NHS 10 Year Plan.

90. As part of the research strategy, a research inclusion policy would be developed. The Secure Data Environment (SDE) provided an opportunity produce inclusion data. This

could be fed back to the Director of Public Health and Communities to support community engagement and inclusion.

91. The Chief Digital and Information Officer acknowledged public concern regarding access to patient data, but it was important to ensure that legitimate access for research purposes was not compromised.

92. The Trust Board noted the report.

TB26/07/18 Regular Reporting Items

Trust Management Executive Report [TB2026.68]

93. Members agreed that future reports should include a summary of any active enforcement notices, or confirmation that none were active. The Board noted progress against the Fire Safety Enforcement Notice and ongoing engagement with Oxfordshire Fire and Rescue Service.

ACTION: Head of Corporate Governance to ensure future reports to Board included a summary of active enforcement notices (or confirmation that none are active).

94. The Trust Board noted the Trust Management Executive Report.

Integrated Assurance Committee Report [TB2026.69]

95. The Integrated Assurance Committee report was noted as the first substantive application of the Alert, Advise and Assure methodology. The Board agreed that the principal alert matters, including cancer performance, fire safety, patient safety process compliance, finance and governance effectiveness, had been considered through substantive agenda items during the meeting. It was agreed that future committee reports should clearly identify alert, advise and assure matters.

96. The Trust Board noted the Integrated Assurance Committee report.

Consultant Appointments and Sealing of Documents [TB2026.70]

97. The Trust Board noted the Medical Consultant appointments made by Advisory Appointment Committees under delegated authority and that no signings had been undertaken in line with the Trust's Standing Orders since the last report to the Trust Board at its meeting on Wednesday 27 May 2026.

TB26/07/19 Any Other Business

98. None.

TB26/07/20 Date of Next Meeting

99. A meeting of the Trust Board was to take place on **Wednesday 30 September 2026.**